

AUTHORITY: No Child Left Behind Act of 2001, Title IV, Part B.
COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)

Michigan Department of Education
EARLY CHILDHOOD AND PARENTING PROGRAMS
 P.O. Box 30008, Lansing, Michigan 48909

Direct questions regarding this form to (517) 373-8483.

---STATE USE ONLY---

Date Received

Project Number

COMPETITIVE GRANT APPLICATION FOR 2004-2005 21st CENTURY COMMUNITY LEARNING CENTERS GRANTS

APPLICANT ORGANIZATION	Legal Name of Applicant	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code

CONTACT PERSON	Name of Contact Person	Telephone (Area Code)	Fax Number (Area Code)
	Address	City	Zip Code
	E-Mail Address	County	

CO-APPLICANT	Legal Name of Agency/District	Telephone (Area Code/Local Number)
	Name of Contact Person	E-Mail

PROPOSED SITE(S) (Site where service will be provided)	SCHOOL(S) TO BE SERVED (Indicate with an * if a middle school)	DISTRICT CODE(S)	M.D.E. USE ONLY

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF
 SUPERINTENDENT OR
 AUTHORIZED OFFICIAL _____ DATE: _____

TYPED NAME/TITLE: _____

MAILING INSTRUCTIONS: The ORIGINAL and FOUR (4) copies of this application must be RECEIVED by mail at the STATE address indicated above by **MAY 4, 2004** no later than 5:00 p.m.

ASSURANCES AND CERTIFICATIONS

--FEDERAL PROGRAMS--

INSTRUCTIONS: Please attach ALL assurances to the application.

CERTIFICATION REGARDING LOBBYING FOR GRANTS AND COOPERATIVE AGREEMENTS

No federal, appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL “Disclosure Form to Report Lobbying,” in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ASSURANCE WITH SECTION 511 OF THE U.S. DEPARTMENT OF EDUCATION APPROPRIATION ACT OF 1990

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: “These materials were developed under a grant awarded by the Michigan Department of Education.”

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

PARTICIPATION OF NONPUBLIC SCHOOLS

The applicant assures that private non-profit schools have been invited to participate in the grant program and participating schools have been consulted in assessing needs, planning, and implementing the activities of this application. The applicant shall maintain continuing Administrative control and direction over funds and property that benefits students enrolled in private schools.

ASSURANCE WITH SECTION 9524 OF THE ELEMENTARY AND SECONDARY EDUCATION ACT

The LEA applicant assures that the Section 9524 certification has been provided to the Michigan Department of Education as required.

AUDIT REQUIREMENTS

All grant recipients who spend \$500,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (*effective July 1, 2003*).

ASSURANCES AND CERTIFICATIONS (Continued)**--FEDERAL PROGRAMS--****CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)**

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

SPECIFIC PROGRAM ASSURANCES

The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Early Childhood and Parenting Programs Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

CERTIFICATION FOR PARTICIPATION IN CONSORTIUM AGREEMENT(For Consortium Activities *ONLY*)**INSTRUCTIONS:**

Cooperative projects may be submitted by two or more eligible local education agencies (LEA s) or community-based or faith-based agencies. Each participating LEA or agency should take the following action:

-----Provide the name of each Superintendent or Public School Academy (PSA) Director or authorized official and signatures on the consortium agreement form.

-----Either accept administrative responsibility for the project or designate another LEA or agency as the administrative and fiscal agent.

Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete; that the agency which he or she represents has authorized him or her to file this application; and that such authorization action is to be recorded in the minutes of the agency's meeting held on the date shown below. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds to conduct this project.

CERTIFICATION OF LEA OR AGENCY DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number)
Name and Title of Contact Person		Mailing Address of Contact Person	
E-MAIL Address of Contact Person			

CERTIFICATION OF PARTICIPATING LEA OR AGENCY

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number)
Name and Title of Contact Person		Mailing Address of Contact Person	
E-MAIL Address of Contact Person			

CERTIFICATION OF PARTICIPATING LEA OR AGENCY

Name of LEA or Agency		Name of Superintendent or Authorized Official	
Mailing Address (Street)		Signature	
City	Zip Code	Date Signed	Telephone Number (Area Code/Local Number)
Name and Title of Contact Person		Mailing Address of Contact Person	
E-MAIL Address of Contact Person			

PART B. ACKNOWLEDGMENT OF NEED FOR PROJECT

NAME OF APPLICANT: _____

SCHOOL(S) OR AREA TO BE SERVED: _____

It is my understanding that the above named applicant plans to submit a 21st Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families.

NOTE: Completion of this form does NOT in itself constitute an endorsement of the applicant's plan.

SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL

DATE

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF AGENCY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (Including Area Code)

Use this form to show community collaboration and need. This form may indicate MPCB acknowledgement of the need for a program in the area below. (Duplicate this page for each agency or organization contacted.)

PART B. ACKNOWLEDGMENT OF EFFORT TO COLLABORATE

NAME OF APPLICANT: _____

It is my understanding that the above named applicant plans to submit a 21st Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services to students who attend my school. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families.

SIGNATURE OF SCHOOL PRINCIPAL OR DIRECTOR

DATE

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF SCHOOL

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (Including Area Code)

Use this form if applicant is a community-based or faith-based organization to show collaboration with schools to be served.
(Duplicate this page for each school to be served.)

PART B. ACKNOWLEDGMENT OF INTENT TO PROVIDE SERVICES

NAME OF APPLICANT: _____

It is my understanding that the above named applicant plans to submit a 21st Century Community Learning Centers application available through the Michigan Department of Education to provide comprehensive out-of-school time services to students who attend my school. There is a need for such a program in this area, and a representative of my agency/organization/program will work with this program to ensure coordination and collaboration of services to these students and their families.

SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL **DATE**

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF AGENCY

ADDRESS

CITY **STATE** **ZIP CODE**

TELEPHONE NUMBER (Including Area Code)

(Duplicate this page for each agency that will provide services according to the project plan.)

PART C. PROJECT ABSTRACT

APPLICANT: _____

PROJECT NAME: _____

INSTRUCTIONS: Organize the Project Abstract using the following categories. This information must be included on one (1) page only. Do not refer to additional pages. (Refer to **Review Criteria**, for specific elements to be used for developing the Narrative Proposal on Separate sheets as needed. Budget is also on a separate page and is to be completed and included as part of the Proposal.

STATEMENT OF NEEDS: (Include target population(s).)

DESCRIPTION OF THE PROJECT: (Also serves as summary).

PROJECT OUTCOMES/EVALUATION PLAN: (Summarize anticipated outcomes.)

QUALIFICATIONS OF KEY PERSONNEL: (Complete Part F and include brief information on this page.)

PART E. FACILITY DESCRIPTION

VERIFICATION OF LICENSE APPLICATION/ISSUANCE: List each facility that will be used in 2004-2005. Indicate the site address, license number, and issuance effective and expiration dates. If a site is in a licensing application stage, please attach copies of that site’s license application and most recent letter of correspondence referring to the site’s application status. Indicate “exempt” if a site has been determined exempt by FIA, Office of Child and Adult Licensing; include correspondence to that effect.

SITE NAME AND ADDRESS	LICENSE APPROVAL NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LICENSED CAPACITY	APPROVED AGE RANGE ON LICENSE
1.					
2.					
3.					
4.					
5.					

PART D. PROJECT PLAN

DESCRIPTION OF PLAN: Clearly define the project’s goals and describe the plan for achieving these goals. State the goals, critical objectives, activities and tasks planned to meet the goals, the staff assigned to the activities, provide a timeline for completion, and anticipated outcomes of the objective. Also include information on how the outcomes will be measured. *(Use additional sheets as needed.)*

PROJECT GOALS	OBJECTIVES	ACTIVITIES/TASKS/STAFF	TIMELINES	ANTICIPATED OUTCOMES	MEASUREMENT STRATEGIES

PART F. PROGRAM PERSONNEL

Identify administrative and student and family services personnel who will be working in the 21st Century Community Learning Centers program.

POSITION/TITLE	% OF TIME	NAME	DEGREE(S)/CERTIFICATION AND SUMMARY OF EXPERIENCE
PROJECT DIRECTOR/ADMINISTRATOR			
SITE COORDINATORS			
STAFF			
OTHER (specify)			

PART G. BUDGET**INSTRUCTIONS:** The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office. Using the School District Accounting Manual (Bulletin 1022).**1. BUDGET SUMMARY****CFDA NUMBER: 84.287****LEGAL NAME OF APPLICANT**

DISTRICT/RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Carry-over	ENDING DATE (mm/dd/yy) 06/30/2005	FY of Approved Activity 2004
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FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	TOTAL
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (Sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES							
	TOTAL EXPENDITURES							A)

2. BUDGET DETAIL--

Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

TOTAL AMOUNT REQUESTED**TRANSACTION PURPOSE:**☐ Original
☐ Amendment**AMOUNT OF CHANGE**
(Use minus sign preceding decreases)

\$ _____

FUNDING: Department of Education Share of Expenditures

B)

Local Share of Expenditures (Block A Minus Block B)

C)

DATE

BUSINESS OFFICE REPRESENTATIVE (Type or Print)

SIGNATURE

DATE

PROJECT CONTACT PERSON (Type or Print)

SIGNATURE

DATE

LORRAINE THORESON
M.D.E. CONTACT PERSON (Type or Print)

SIGNATURE